

CITY OF RIO VISTA

CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

RESERVED FOR FILING STAMP

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 months after the occurrence. (Gov. Code Sec. 911.2)
2. **Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)**
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to five full details. SIGN EACH SHEET.
7. Claim to be filed with the City Manager's Office

TO: City Manager's Office One Main Street, Rio Vista, CA 94571 Fax: 707/374-6763

Name of Claimant:

Address:

State:

Zip:

Home phone number:

Business phone number:

Social Security Number:

Date of Birth:

Business address of claimant:

Full address to which you desire notices or communications to be sent regarding this claim.

Address:

State:

Zip:

How did DAMAGE or INJURY occur? Give full particulars.

When did DAMAGE or INJURY occur? Provide date. Give full particulars.

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and addresses or measurements from landmarks:

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known.

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation.

The ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation.

This form needs to be signed on the back.

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Expenditures made on amount of accident or injury: (Date - Item)

(Amount)

Name and address of witnesses, Doctors and Hospitals:

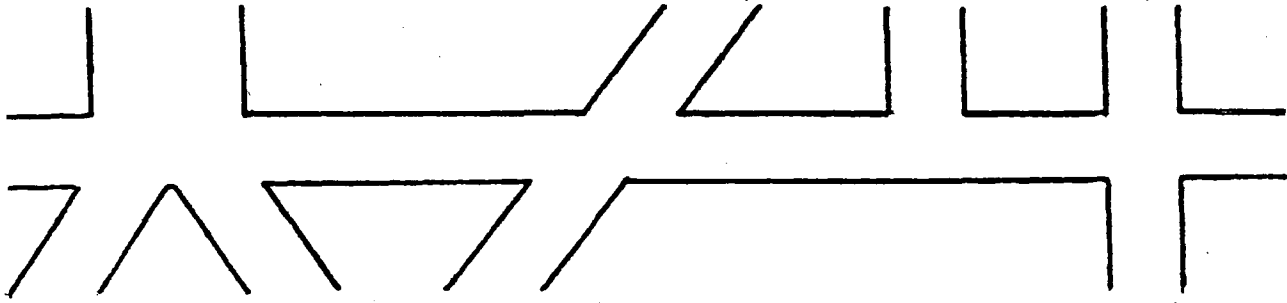
READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

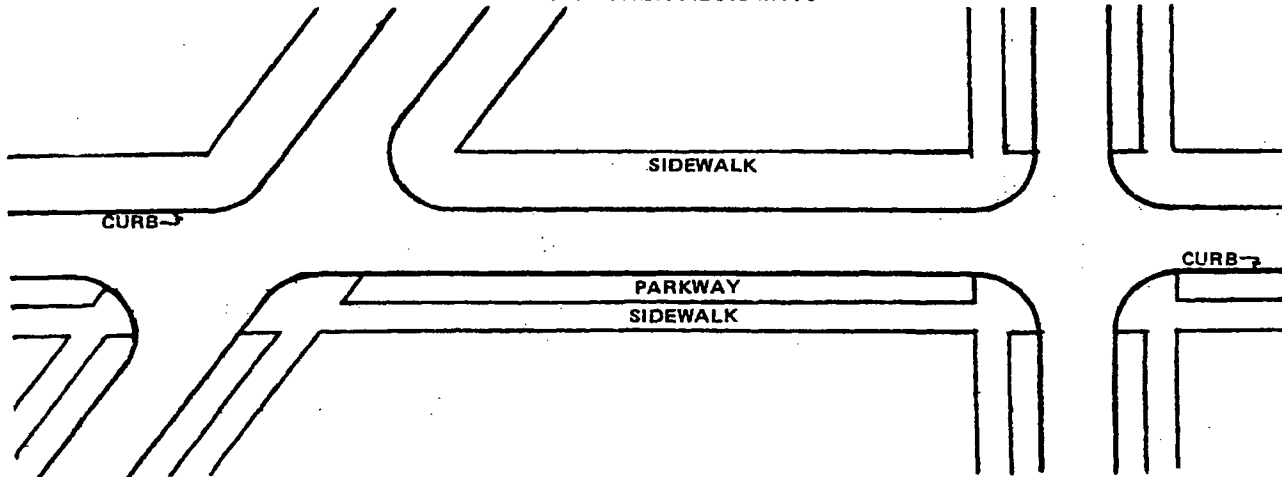
If City Vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, or by "B" location of yourself or your vehicle when you first saw City vehicle, location of City vehicle at time of accident by "A-1" and location of your self or your vehicle at time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by Claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



Signature of Claimant or person filing on his behalf giving relationship to Claimant:

Typed Name:

Date:

NOTE: All claimants may be required to be examined as to their claim under oath. Presentation of a false claim is a Felony.

(Cal. Pen. Code Sec.)

CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a)